

## **Medicaid Disease Management Project Team Minutes**

**Date:** February 8, 2008 **Time:** 8:30-10:00 am **Location:** 3232 Elder Street, Boise **Moderator:** Dr. Donald G. Norris

**Tools:**

Information:	Updates on current issues, events and activities
Discussion:	Discuss new and emerging issues
Skillful Discussion:	Make decisions on selected issues through skillful discussion
Dialogue:	Collective inquiry to gain more complete understanding of complex issues

### **Present:**

Elder Street: Don Norris, Katie Ayad, Jeanne Siroky, Nicole Martin, Kevin Rich, John Cotton

### **By Phone:**

Adams County, Terry Reilly, Pocatello Family Medicine, Boundary Community Health Center, Valley Family Health Care, Dirne Community Health Center

<b>Agenda Item</b>	<b>Lead</b>	<b>Tool</b>	<b>Desired Outcomes</b>	<b>Assignee</b>
Introduction	Don Norris	Information	Each team introduced themselves.	
Review of Last Meeting	Don Norris	Information	<ul style="list-style-type: none"><li>Discussions have been held over the last two months regarding the Department's intent to continue to focus the CDM-P4P program on Diabetes.</li><li>The clinical information regarding diabetes and the clinical performance indicators for diabetes were discussed.</li></ul>	
Review of Clinical Performance Measures from the Physician Consortium	Don Norris	Information	<ul style="list-style-type: none"><li>A number of indicators have already been discussed but there some which have not been discussed. The document from the consortium was sent to committee members. This document indicated:<ol style="list-style-type: none"><li>Adult Diabetics are 2 to 4 times more prone to heart disease, and</li><li>Diabetes accounts for 43% of the new cases of end-stage renal disease,</li><li>Up to 35% of Medicare patients do not receive A1C Hgb tests,</li><li>41% do not receive the lipid test,</li><li>43% do not receive the eye exams.</li></ol></li><li>Need keep information from the Physician Consortium document in mind when determining our indicators for this year:<ol style="list-style-type: none"><li>Hemoglobin A1C – should have 2 tests each year and maybe 1 every three months to better manage their glucose.</li><li>Lipid management – adding urine protein screening for albumin.</li><li>Foot exams and neurological tests are needed during initial assessment and follow up assessments. Foot exams and neurological</li></ol></li></ul>	

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			<p>evaluations should be two separate tests. Both assessments are needed.</p> <ul style="list-style-type: none"> <li>• Immunizations – Need to have these and continue to have immunizations. There is a problem keeping tract of the data.</li> <li>• Blood Pressure Measurements are important.</li> <li>• Aspirin Use               <ul style="list-style-type: none"> <li>- Recommended for diabetics</li> <li>- Possibly should be an indicator</li> <li>- Durne Community Health Center is already tracking this information.</li> <li>- Should be included in check list.</li> </ul> </li> <li>• Smoking Cessation               <ul style="list-style-type: none"> <li>- Possibly should be included as an indicator</li> <li>- Other Departments of Medicaid are working on the decrease in tobacco use products.</li> <li>- There is a definite value in that for diabetics.</li> <li>- All tobacco products.</li> <li>- A process measure outcome would not be cessation but discussion with patient.</li> </ul> </li> <li>• Pneumococcal Immunizations were discussed and it was decided that they should be included for completeness sake.</li> <li>• Weight Control – should be assessed.               <ul style="list-style-type: none"> <li>- Medicaid has a Preventive Health Assistance Department</li> </ul> </li> <li>• If a patient is on an Ace or Ark they do they need a microalbuminuria.               <ul style="list-style-type: none"> <li>- The initial assessment states that it should be done annually and Aces and Ark's are not mentioned.</li> <li>- Uses of Aces and Arks are a necro protector (Dr. Norris).</li> <li>- Is there a prohibition that if you are on an Ace or Ark does this negate the test.</li> </ul> </li> </ul>	
Status of Reporting Tool	Don Norris	Information	<ul style="list-style-type: none"> <li>• Last month there was talk about the recording of comcordiant diagnosis.               <ul style="list-style-type: none"> <li>- Diagnosis with Developmental Disability and Mental Health</li> </ul> </li> </ul>	

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			<p>should be recorded or collected as useful information.</p> <ul style="list-style-type: none"> <li>• Terry Reilly has a template for diabetes management. <ul style="list-style-type: none"> <li>- The first thing on the template is the reason for the diabetes not being in control.</li> <li>- Mental illness is the main reason for non-compliance in a lot of the diabetics.</li> </ul> </li> <li>• Statistics <ul style="list-style-type: none"> <li>- 507 were identified as diabetics</li> <li>- 35% had asthma</li> <li>- 62% had depression</li> <li>- 87% had hypertension</li> <li>- 80% had an increase in lipids.</li> </ul> </li> <li>• Of those tested <ul style="list-style-type: none"> <li>- 43% had a diagnosis of mental illness</li> <li>- 7% of population had retardation</li> <li>- If this is emphasized we may understand the population we are dealing with.</li> </ul> </li> <li>• Management of diabetes is what we are emphasizing but we need to look at the population to make those assessments. We need these codes to explain the diabetics on Medicaid.</li> <li>• Substance Abuse – Several people were coded with a substance abuse diagnosis.</li> <li>• If you have mental illness the use of resources goes up dramatically.</li> <li>• Boundary – Depression is being handled as the patients are seen. More middle age patients who have diabetes com forward with depression.</li> </ul>	
Discussion: Results from Original Pilot	Don Norris	Information	<ul style="list-style-type: none"> <li>• Each group will have their own FTP sight and can enter their data and then we can pick the data up from there.</li> <li>• Since July we are only reporting on diabetes.</li> </ul>	

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			<ul style="list-style-type: none"> <li>• We have been collection other data from the first of this year but only working with the diabetes information.</li> <li>• We will put all these indicators together.</li> <li>• What is the sense of the Aspirin?</li> <li>• Should it be included?</li> <li>• Do any of the indicators mentioned present a challenge?</li> <li>• Need reports of those who have not had eye exams.</li> </ul>	
Other Issues	Don Norris		<ul style="list-style-type: none"> <li>• None were presented at this time.</li> <li>• Dr. Norris asked that if our office sends something out and it is received, please notify us. We are working on improving our communications cycle.</li> </ul>	DHW
Next meeting	Don Norris	Information	<ul style="list-style-type: none"> <li>• Next Meeting will be held on March 7<sup>th</sup> where we will work on the matrix for data collection.</li> </ul>	